

Adding a Newborn in Healthplanfinder

Scenario: Mother is open on Washington Apple Health in Healthplanfinder and needs to add her newborn.

Step 1: Have the family log into their Healthplanfinder account

- Under “Quick Links” on the dashboard select “Report a Change in Income or Household.”



The screenshot shows the Healthplanfinder dashboard with tabs for Account Home, Billing & Payments, My Household, and Action Center. The Message Center displays two notices for 'Eligibility Decision' dated 03/18/2014, one in English and one in Spanish. A 'Quick Links' sidebar on the right contains several options, with a red arrow pointing to 'Report a Change in Income or Household'.

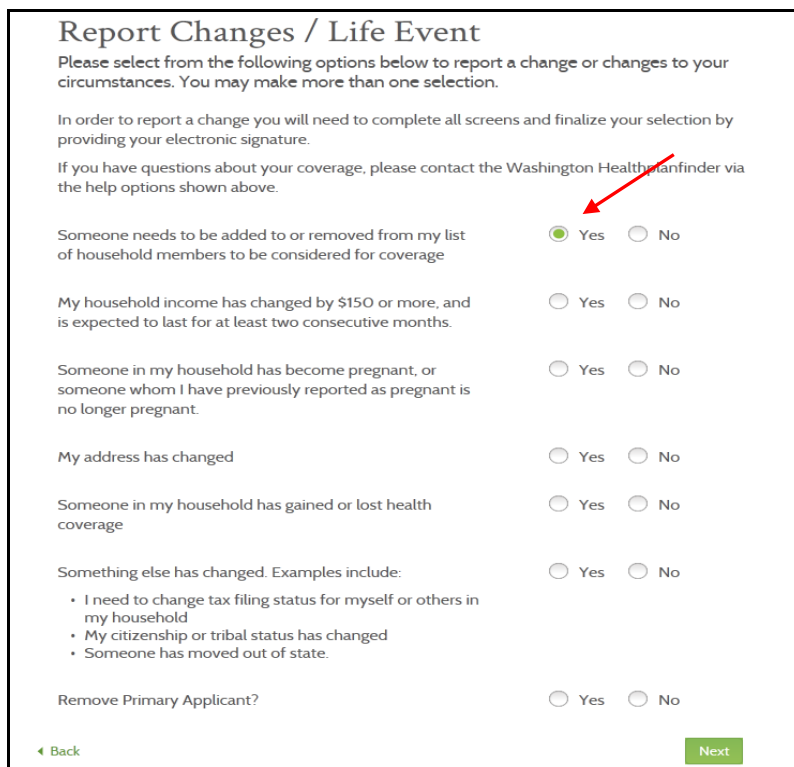
Notice	Date Received
Eligibility Decision English	03/18/2014
Eligibility Decision Spanish	03/18/2014

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- Create Another Application
- Manage My Broker/Navigator
- Report a Change in Income or Household**
- Change Account Settings
- Submit A Document
- Verify Id Proofing

Step 2: On the “Report Changes/Life Event” page:

- Select “Yes” for “Someone needs to be added to or removed from my list of household members to be considered for coverage” and click “Next.”



The screenshot shows the 'Report Changes / Life Event' page with instructions to select options for reporting changes. A red arrow points to the 'Yes' radio button for the first question: 'Someone needs to be added to or removed from my list of household members to be considered for coverage'.

Report Changes / Life Event
Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.
If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

Someone needs to be added to or removed from my list of household members to be considered for coverage ☒ Yes ☐ No

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months. ☐ Yes ☐ No

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant. ☐ Yes ☐ No

My address has changed ☐ Yes ☐ No

Someone in my household has gained or lost health coverage ☐ Yes ☐ No

Something else has changed. Examples include:
• I need to change tax filing status for myself or others in my household
• My citizenship or tribal status has changed
• Someone has moved out of state. ☐ Yes ☐ No

Remove Primary Applicant? ☐ Yes ☐ No

[Back](#) [Next](#)

Step 3: On the “Do you have other household member or tax dependents?” question:

- Click “Add Member.”

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home	Edit	Remove
Jane Doe	Female	XXX-XX-XXXX		Yes	N/A		

[Add Member](#)

[Back](#) [Save and Exit](#) [Next](#)

Step 4: For the “Add Household Member” screen

- Complete all required fields marked with a red asterisk* (including tax filing information) to add the newborn.
- Click “Save” and then “Next” to continue.
- Please note that reporting a SSN is not required, but is helpful to include if it is available.

Add Household Member

FIRST NAME * M.I. LAST NAME * SUFFIX

SOCIAL SECURITY NUMBER * DATE OF BIRTH * SEX * ☐ Male ☒ Female

RACE HISPANIC ORIGIN *

IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE ? * ☐ Yes ☒ No

HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT ? *

[Cancel](#) [Save](#) [Save & Add Another](#)

Step 5: On the “Set Household Relationships” screen:

- Complete the household relationships and click “Next” to continue.

Set Household Relationships * REQUIRED FIELD

Please indicate relationship between the household members below.

Jane Doe IS * Parent OF Baby Doe

Baby Doe IS * Child OF Jane Doe

Back Next

Step 6: On the “Additional Questions” screen:

- Update the mom’s pregnancy due date to the newborn’s date of birth;
- Leave the radio button checked “Yes”; and
- Enter the newborn’s date of birth as the “Date of Residency” and click “Next.”

Additional Questions * REQUIRED FIELD

Answers to these questions are necessary to process your application. Please respond to the questions below and only select the applicable household members. Note: The only names that will appear are for the individuals that you indicated you wanted enrolled in coverage.

Is every member on this application a U.S. citizen (including naturalized or derived citizenship) or U.S. national? * ☒ Yes ☐ No

Is any household member on this application currently incarcerated? * ☐ Yes ☒ No

Has any household member on this application regularly used tobacco products in the past 6 months? * ☐ Yes ☒ No

Is any household member on this application currently pregnant? * ☒ Yes ☐ No

Pregnancy Due Date * 04/21/2014

Number of babies expected * 1

Does any household member on this application currently have health insurance? * ☐ Yes ☒ No

Notice:
If everyone in the household seeking coverage is 19 years or older and current coverage is ending by December 31, 2014, please select "No."
If the current coverage for any household member 18 years old or younger seeking coverage is ending before January 1, 2015, please contact the Washington Healthplanfinder Customer Support Center at 1-855-WAFINDER (1-855-923-4633).

Have any of your children lost health insurance within the last four months? * ☐ Yes ☒ No

Are all household members on this application residents of the State of Washington? * ☒ Yes ☐ No

DATE OF RESIDENCY * 04/21/2014

Back Save and Exit Next

This question reads:
“Is any household member on this application currently pregnant?”

- **Remember:** Newborns born to a mother on Medicaid are U.S. Citizens.

Step 7: Scroll through and click “next” on the “Additional Screening Questions”, “Household Income” and “Application Review” pages, making any applicable changes.

Step 8: After the “Application Review” screen a pop up box will request “Verification of Citizenship/Lawful Presence” for the newborn.

- Click “Continue.”



Verification of Citizenship/Lawful Presence

We were unable to verify your citizenship status using your social security number.

If you want to use a Certificate of Naturalization or a Certificate of Citizenship number to verify your citizenship status please select Update Citizenship.

If you want to upload documentation of your citizenship status please select Continue.

Baby Doe

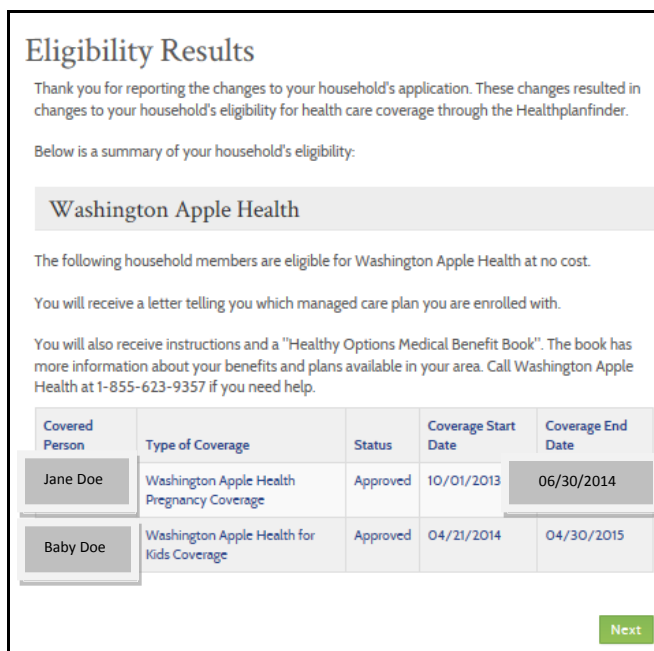
Cancel Update Citizenship Continue

Step 9: Complete the “Primary Applicant’s Signature” page.

- Click “Submit My Application.”

Step 10: The “Eligibility Results” page will now be displayed approving the newborn health care coverage.

- This confirms that the process for adding a newborn is now complete.



Eligibility Results

Thank you for reporting the changes to your household's application. These changes resulted in changes to your household's eligibility for health care coverage through the Healthplanfinder.

Below is a summary of your household's eligibility:

Washington Apple Health

The following household members are eligible for Washington Apple Health at no cost.

You will receive a letter telling you which managed care plan you are enrolled with.

You will also receive instructions and a "Healthy Options Medical Benefit Book". The book has more information about your benefits and plans available in your area. Call Washington Apple Health at 1-855-623-9357 if you need help.

Covered Person	Type of Coverage	Status	Coverage Start Date	Coverage End Date
Jane Doe	Washington Apple Health Pregnancy Coverage	Approved	10/01/2013	06/30/2014
Baby Doe	Washington Apple Health for Kids Coverage	Approved	04/21/2014	04/30/2015

Next